## 201805160200367292

## FEC FORM 2 STATEMENT OF CANDIDACY

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SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 MAY 16 PM 3: 25

1. (a) Name of Candidate (in full)										
McCaskill, Claire, , ,										
(b) Address (number and street) PO Box 300077	⊔Che	ck if addre	ss changed		2. Candida S6MO		Identific	cation N	umber	
(c) City, State, and ZIP Code					3. Is This	, n	New			Amended
St. Louis		MC	6313	30	Staten	nent	(N)	OR	×	(A)
4. Party Affiliation	5. Office Sought			6. State & Dist	trict of Candid	date				۶.
DEMOCRATIC PARTY	Senate			МО						
DI	ESIGNATION	OF PRI	INCIPAL	CAMPAIG	N COMMI	TTEE				
7. I hereby designate the following na	med political comr	mittee as m	y Principal	Campaign Com	mittee for the	2018 (year of		_ electio	on(s).	
NOTE: This designation should be	filed with the appro	opriate offic	ce listed in	he instructions.		(year or	election	')		
(a) Name of Committee (in full)										·
McCaskill for Misso	uri									
(b) Address (number and street) PO Box 300077										
(c) City, State, and ZIP Code			,							
St Louis				МО	63130	1				
	ESIGNATION			ng Representativ						
I hereby authorize the following natical candidacy.	med committee, wl	hich is NO	Γ my princip	al campaign cor	mmittee, to re	ceive and	expen	d funds	on bel	nalf of my
NOTE: This designation should be	filed with the princ	ipal campa	ign commit	ee.						
(a) Name of Committee (in full)					······································					
McCaskill Senate F	und									
(b) Address (number and street) PO Box 300077										
(A) 011 - 01-12 - 1-12 O - 1-1										
(c) City, State, and ZIP Code				_						
St Louis				МО	63130					
I certify that I have ex	amined this Staten	nent and to	the best of	my knowledge a	and belief it is	true, corr	ect and	i comple	ete.	
Signature of Candidate					Date					
McCaskill, Claire,	-1-	Cod	کمان		05/01/20	18				
NOTE: Submission of false, erroneous	or incomplete inf	formation m	nav subject	the nerson signi	ng this States	ment to ne	nalties	of 2115	, S.C. 84	37a
TOTAL GUDINISSION OF Idise, entireous	, or ansomplete in	J. Haddon II	ay Subject	person signi	g and Otatel	to pe	unies		<del>-</del> . 3+	~· y.

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### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	6
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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

	hereby authorize the following named committee, which is Nornal and the policy in the			pend funds on behalf of my
-	(a) Name of Committee (in full)			<u> </u>
	McCaskill Victory Fund			
1	(b) Address (number and street) 300 St James St Ste 104	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
-	(c) City, State, and ZIP Code			
	Columbia	МО	65201	
	I hereby authorize the following named committee, which is N candidacy. <b>NOTE</b> : This designation should be filed with the p			pend funds on behalf of my
•	(a) Name of Committee (in full)			
	Texans For A Progressive Senate			
•	(b) Address (number and street) 918 Pennsylvania Ave SE			
	(c) City, State, and ZIP Code	· · · · · · · · · · · · · · · · · · ·	:	
	Washington	· DC	20003	
	I hereby authorize the following named committee, which is Normal Candidacy. Normal Candidacy. Normal Candidacy. Normal Candidacy. Normal Candidacy. Normal Candidacy. It is designation should be filed with the process of the Candidacy of the Ca			
	(c) City, State, and ZIP Code			•
	Washington	DC	20002	
3.			·	· · · · · · · · · · · · · · · · · · ·
	I hereby authorize the following named committee, which is I candidacy. NOTE: This designation should be filed with the particle.  (a) Name of Committee (in full)  Missouri Virginia Fund  (b) Address (number and street)			xpend funds on behalf of my
	candidacy. NOTE: This designation should be filed with the partial (a) Name of Committee (in full)  Missouri Virginia Fund			xpend funds on behalf of my
	candidacy. NOTE: This designation should be filed with the partial (a) Name of Committee (in full)  Missouri Virginia Fund  (b) Address (number and street) 611 PENNSYLVANIA AVE SE			xpend funds on behalf of my

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### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	6
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### **DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.					
	(a) Name of Committee (in full)					
	Save Our Senate 2					
	(b) Address (number and street) 1751 Potomac Greens Dr			•		
	(c) City, State, and ZIP Code		· ·			
	Alexandria	VA	22314			
-	I hereby authorize the following named committee, which is candidacy. <b>NOTE</b> : This designation should be filed with the			and expend funds on behalf of my		
	(a) Name of Committee (in full)					
	Gillibrand McCaskill Senate 2018					
	(b) Address (number and street) 124 Washington St Ste 101					
	(c) City, State, and ZIP Code				•	
	Foxboro	MA	02035			
8.	I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full)  Senate Impact: MO & IN  (b) Address (number and street) 918 PENNSYLVANIA AVE SE			and expend funds on behalf of my	-	
	(c) City, State, and ZIP Code					
	Washington	DC	20003			
8.	I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full)  Missouri Ohio Victory FUnd  (b) Address (number and street) 918 Pennsylvania Ave SE			and expend funds on behalf of my	-	
	(c) City, State, and ZIP Code		20002		-	
	Washington	DC	20003			

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### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	4	of	6	
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### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

(c) City, S Wash  B. I hereby candidac  (a) Name	e of Committee (in full)  mmon Sense 2018  ess (number and street)  Pennsylvania Ave SE  State, and ZIP Code  hington  authorize the following named committee, which  ey. NOTE: This designation should be filed with  e of Committee (in full)	DC ch is NOT my principal campaign the principal campaign commit	20003	pend funds on hehalf of my
(b) Addre 918 F (c) City, S Wash  3. I hereby candidac (a) Name	ess (number and street) Pennsylvania Ave SE  State, and ZIP Code hington  authorize the following named committee, which is the committee of t	ch is NOT my principal campaigi	n committee, to receive and exp	pend funds on behalf of my
(c) City, S Wash  3. I hereby candidac (a) Name	Pennsylvania Ave SE  State, and ZIP Code  hington  authorize the following named committee, which is a state of the state	ch is NOT my principal campaigi	n committee, to receive and exp	pend funds on behalf of my
Wasl  3. I hereby candidac  (a) Name	hington authorize the following named committee, which is a second to the following named committee and the filed with the fil	ch is NOT my principal campaigi	n committee, to receive and exp	oend funds on behalf of my
3. I hereby candidac	authorize the following named committee, whi	ch is NOT my principal campaigi	n committee, to receive and exp	pend funds on behalf of my
candidac (a) Name	cy. NOTE: This designation should be filed wit	ch is NOT my principal campaigunt the principal campaign commit	n committee, to receive and ex	nend funds on hehalf of my
` '	e of Committee (in full)			·
Mis				
	ssouri-Montana Fund			
(b) Addre 918	ess (number and street) Pennsylvania Ave SE	,		
(c) City,	State, and ZIP Code			
Was	shington ·	DC	20003	
(a) Nam	cy. NOTE: This designation should be filed wine of Committee (in full) mocrats For Opportunity Fund	h the principal campaign commi	nee.	
(b) Addr	ess (number and street) POTOMAC GREENS DRIVE		·	
(b) Addr 1751	ess (number and street)			

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### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>5</sup> o	f 6	
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### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

3. l	Inereby authorize the following named committee, which candidacy. <b>NOTE</b> : This designation should be filed with the state of the care of the state o	he principal campaign committe	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.						
(	(a) Name of Committee (in full)								
	Florida Missouri Victory Fund								
-	(b) Address (number and street) 918 Pennsylvania Ave SE								
-	(c) City, State, and ZIP Code Washington	DC	20003						
<b></b>	I hereby authorize the following named committee, which	n is NOT my principal campaign	committee, to receive and expend funds on b	ehalf of my					
	candidacy. NOTE: This designation should be filed with t	the principal campaign committe	9. 						
	(a) Name of Committee (in full)								
	Senate 2018 IMPACT								
	(b) Address (number and street) 918 Pennsylvania Ave SE								
	(c) City, State, and ZIP Code								
	Washington  I hereby authorize the following named committee, which	DC . h is NOT my principal campaign	20003  committee, to receive and expend funds on t	ehalf of my					
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory	n is NOT my principal campaigr	committee, to receive and expend funds on t	ehalf of my					
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)	n is NOT my principal campaigr	committee, to receive and expend funds on t	ehalf of my					
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory  (b) Address (number and street)	n is NOT my principal campaigr	committee, to receive and expend funds on t	ehalf of my					
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory  (b) Address (number and street)  120 Maryland Ave NE	n is NOT my principal campaigr	committee, to receive and expend funds on t	ehalf of my					
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory  (b) Address (number and street) 120 Maryland Ave NE  (c) City, State, and ZIP Code Washington  I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)	h is NOT my principal campaign the principal campaign committ  DC  th is NOT my principal campaign	committee, to receive and expend funds on the.  20002  committee, to receive and expend funds on the committee and expend funds on the committ						
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory  (b) Address (number and street) 120 Maryland Ave NE  (c) City, State, and ZIP Code Washington  I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with	h is NOT my principal campaign the principal campaign committ  DC  th is NOT my principal campaign	committee, to receive and expend funds on the.  20002  committee, to receive and expend funds on the committee and expend funds on the committ						
	I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  McCaskill 2018 Victory  (b) Address (number and street) 120 Maryland Ave NE  (c) City, State, and ZIP Code Washington  I hereby authorize the following named committee, which candidacy. NOTE: This designation should be filed with  (a) Name of Committee (in full)  Blue Senate 2018  (b) Address (number and street)	h is NOT my principal campaign the principal campaign committ  DC  th is NOT my principal campaign	committee, to receive and expend funds on the.  20002  committee, to receive and expend funds on the committee and expend funds on the committ						

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### Optional Supplemental Page for Designation of Additional Authorized Committees

Page	6	of	6	

### DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)

	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign committee.				
(:	a) Name of Committee (in full)	<del> </del>			
`	Protect Our Senators Fund				
(	b) Address (number and street) 918 Pennsylvania Ave SE				
(	c) City, State, and ZIP Code	· · ·			
	Washington	DC .	20003	·	
-	hereby authorize the following named committee, which is N candidacy. <b>NOTE</b> : This designation should be filed with the process of the committee of the committ			end funds on behalf of my	
(	a) Name of Committee (in full) Senate IMPACT: MO & WI				
(	b) Address (number and street) 91 Pennsylvania Ave SE				
(	c) City, State, and ZIP Code	·			
	144 11 4				
	Washington	DC	20003	end funds on behalf of my	
	hereby authorize the following named committee, which is N candidacy. NOTE: This designation should be filed with the p	IOT my principal campaig	n committee, to receive and exp	pend funds on behalf of my	
	hereby authorize the following named committee, which is Notational candidacy. <b>NOTE</b> : This designation should be filed with the p	IOT my principal campaig	n committee, to receive and exp	pend funds on behalf of my	
· (	hereby authorize the following named committee, which is Notational candidacy. <b>NOTE</b> : This designation should be filed with the p	IOT my principal campaig	n committee, to receive and exp	pend funds on behalf of my	
(	hereby authorize the following named committee, which is N candidacy. <b>NOTE</b> : This designation should be filed with the p	IOT my principal campaig	n committee, to receive and exp	pend funds on behalf of my	
(	hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the particle (in full)  (b) Address (number and street)	IOT my principal campaig	n committee, to receive and exp	pend funds on behalf of my	
(	hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the particle. (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the particle.	IOT my principal campaignirincipal campaign commit	n committee, to receive and explee.		
- (	hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the post (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code	IOT my principal campaig rincipal campaign commit	n committee, to receive and explee.		
.	hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the particle. (a) Name of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I hereby authorize the following named committee, which is Normal candidacy. NOTE: This designation should be filed with the particle.	IOT my principal campaignirincipal campaign commit	n committee, to receive and explee.		
	hereby authorize the following named committee, which is Normalidacy. NOTE: This designation should be filed with the post of Committee (in full)  (b) Address (number and street)  (c) City, State, and ZIP Code  I hereby authorize the following named committee, which is Normalidacy. NOTE: This designation should be filed with the post of Committee (in full)  (b) Address (number and street)	IOT my principal campaignirincipal campaign commit	n committee, to receive and explee.		
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# Faxed or Hand Delivered

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HART-SENATE OFFICE BUILDING SUITE 232

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### United States Senate

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